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ABSTRACT

The Families Matter series of papers from the Harvard Family Research Project advances the concept of family-centered child care, advocating an approach to early childhood education that addresses the development of the child and family together. Grounded in family support principles, which build on family strengths and work from a community's culture and resources, family-centered child care incorporates positive attitudes about working with parents and practical activities to serve the family. Asserting that a key place to promote widespread use of family support principles and practices is through the child care training system, the papers that make up the series focus on how the child care field trains providers to include family support. This paper defines the characteristics of family support in the child care context, highlights research showing the need for provider training to raise the quality of programs, and discusses five topics for training child care providers in family support. The paper then outlines the structure of the child care delivery system, which encompasses the purchase-of-service system, Head Start, and public schools--each of which has distinct training requirements and separate funding. The paper also looks at Child Care Resource and Referral agencies (CCR&Rs) and colleges as training providers and the ideals of state career development planning groups. One theme of the paper is the need to develop one cohesive training system enabling providers to cross from one child care setting to another and to move laterally to other family-supportive disciplines. Contains 51 references. (EV)

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FAMILIES MATTER

Transforming Training

Gwen Morgan

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CAMBRIDGE, MA
1998

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HARVARD FAMILY RESEARCH PROJECT
Founded in 1983 by Dr. Heather Weiss, the Harvard Family Research Project (HFRP) is today at the center of a national movement to strengthen and support American families. HFRP's pathbreaking research provides practitioners, researchers, and policymakers with timely, insightful information about effective family support initiatives.

Disseminating its research widely, HFRP links people, programs, ideas, and resources together to create innovative family support programs and services and family-sustaining policies. HFRP's research helps states create systems to monitor and assess programs and services, and helps communities better integrate family support services in neighborhood programs. Using HFRP data, schools are learning more about the specific benefits of parent involvement and the best strategies for successfully engaging the entire family. HFRP's research findings are enabling practitioners to design culturally appropriate programs, and helping training and education programs effectively prepare teachers to work with families.

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PREFACE

The Families Matter series of papers advances the concept of family-centered child care, advocating an approach to early childhood education that addresses the development of the child and family together. Grounded in family support principles which build on family strengths and work from a community's culture and resources, family-centered child care incorporates positive attitudes about working with parents and practical activities to serve the family.

A key place to promote widespread use of family support principles and practices is through the child care training system. This system reaches many types of providers and greatly influences their attitudes and practices. In addition, training sets professional norms and standards — and could guide the child care field to emphasize family support in the definition of quality child care.

The papers that make up the series focus on how the child care field trains providers to include family support. The papers present both a systemic view of child care training as well as hands-on experiences in training child care providers and delivering family-supportive child care. An accompanying Resource Guide for Family-Centered Child Care offers an annotated bibliography of training materials that child care providers and trainers can use to improve their efforts to support families.

While they write from distinct perspectives, each author in this series endorses the need for integrating family support and child care training. The authors concede that there are structural and other challenges to training child care providers to deliver family support, yet they share a wealth of insights on how to accomplish change.

Each paper includes a description of how family support fits into the child care arena and suggests specific content for family support training. Acknowledging that it can be difficult to integrate family support practices into child care settings, each paper discusses the major challenges to establishing family-supportive child care programs and provides strategies and action steps to make family support part of child care training and delivery. More specifically, Families Matter covers the following topics:

- An outline of the structure of the child care delivery and training systems and an analysis of the problems posed by fragmentation on quality standards, career development, and incorporating a family support approach.
- A summary of family support training and credentialing initiatives, as well as alternative training models to address the fragmented training system characteristic of both the child care and family support fields.
- A description of training provided by a program that focuses on the "hard issues" in the parent-provider relationship and ways to overcome barriers to parent participation.
- A "how to" guide on preparing providers to work with families that are culturally, linguistically, and economically diverse and strategies to promote family involvement in the child care program.

HFRP believes that an improved child care training system that integrates family support principles and advances a logical, progressive path for professional development will lead to higher quality front-line practice. If the barriers to integrating family support and child care can be overcome, we will have a substantially stronger system of early childhood services that is better able to enhance the development of children by including their families in the learning process.

Transforming Training

This paper defines the characteristics of family support in the child care context, highlights research showing the need for provider training to raise the quality of programs, and discusses five vital topics for training child care providers in family support. The paper then outlines the structure of the child care delivery system, which encompasses the purchase-of-service system, Head Start, and public schools — each of which has distinct training requirements and separate funding. It also looks at CCR&Rs and colleges as training providers and the ideals of state career development planning groups. One of the author's themes is the need to develop one cohesive training system enabling providers to cross from one child care setting to another and to move laterally to other family-supportive disciplines.

This study was a collaborative effort. HFRP is grateful to Kate Wrean for her editing of the reports in this series. The following HFRP staff members provided much-appreciated help with the production of this report: Atissa Banuazizi, Sybilla Dorros, Ann Hannum, Holly Kreider, Phuong Le, M. Elena Lopez, Maura Pelham, and Scott Wilder.

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About the author

GWEN MORGAN

For more than twenty years, Gwen Morgan has provided vision for policy development in the field of early care and education. From her crucial role in planning and developing a work-site child care center in the mid-60s, her work has grown to influence local and national policymaking related to child care issues. She is recognized as a leading national authority on child care regulation. In addition, she has written extensively on a wide range of policy, regulation, and training topics and has guided the development of thousands of students in the field. Currently serving as Founding Director of The Center for Career Development in Early Care and Education, Ms. Morgan co-founded Work/Family Directions, Inc., in 1983 and the Advanced Seminars in Child Care Administration at Wheelock College in 1974. She continues her active role in both programs.

FAMILY SUPPORT IN THE CHILD CARE CONTEXT

A family-supportive philosophy characterizes many child care programs, particularly when their leaders have received first-rate training in educating children younger than school age. However, not all child care provider training programs offered by institutions of higher education currently incorporate family-supportive principles. All child care should be family-supportive, and the training of those who work with children and their families should reflect this principle. Central to family support is the ability of the child care program to create an environment that supports parents, rather than one in which parents are external sources of program support. Moreover, while connection to other community services is part of the family support definition, it is the perspective and attitude that providers bring to a program — and the spirit of empathy they develop with the families they serve — that drives these programs.

Family support works in the child care setting only when the program is committed to quality, when it has enough providers to give energy and attention to the needs of the child and family together, and when providers are well-trained. Recent studies, however, find that only 14 percent of center-based child care, 12 percent of home-based child care, and an even lower percentage of infant care in the United States rate as "good" (Bryant et al., 1995; Galinsky, Howes, Kontos, and Shinn, 1994). Research has clearly demonstrated that the essential ingredient that ensures quality care for children is the quality of the providers. In every kind of program — child care centers, Head Start, family child care, and school-age care — the amount and level of specialized preparation of the adults who work with the children directly influence the intellectual gains, social skills, and emotional well-being of the children served (Bryant et al., 1995; Galinsky, Howes, and Kontos, 1995; Howes, Smith, and Galinsky, 1995; Whitebook, Howes, and Philips, 1989). Licensing individual providers also has been recommended as a way to improve the quality of the child care system (American Academy of Pediatrics/American Public Health Association, 1992; Kagan, in press).

The United States lacks a coordinated system to develop well-trained early care and education providers equipped to deliver family-supportive services to young children and their families. Each of the disparate child care delivery systems (the public school, Head Start, or the private sector) has its own infrastructure, standards, and teaching content for training child care providers, and millions of providers employed in these programs are not required to have any training at all. Training systems and training requirements for child care providers need to be modified if programs are to realize their potential as the major support service that communities have to offer parents.

This paper explores the potential of the child care training system to prepare providers to support families. After identifying content that should be included in the preparation of all child care providers, this paper gives a structural overview of the child care system, as well as the system's training requirements and primary means of training delivery. Following a section highlighting the ideals of states' career development planning groups working to change the current training delivery system, the paper concludes with a discussion of the challenges to the vision of the child care setting as a family support arena and suggests strategies for family support advocates to use to bring about change.

Family Support Components in Child Care Programs

According to the family support philosophy, providers in family-supportive child care programs should:*

- Offer safe, high quality, and trustworthy care and education for children that parents can rely on while they work
- Form genuine friendships with parents and respect parents' work and home lives; understand parents' perspective, which does not center on the child care program
- Share their expertise about child development and how an individual child is learning and growing in the program; likewise, parents should share information about their child with providers
- Be aware of and demonstrate sensitivity toward families' struggles to manage their lives and perhaps offer parents services over and above child care, such as clothing exchanges or food coops, which may save them time or give them additional resources; help families and family members meet any specialized needs
- Empower families through a variety of means, but especially by giving them hope for their child's future and confidence in their own ability to influence other larger, less-responsive community institutions such as the public schools and health system
- Collaborate on problem solving, rather than creating adversarial relationships over such issues as mildly ill children, late pick-up, discipline, and cultural differences in childrearing
- Reflect the demographics of the families they serve; in particular, programs should offer employment opportunities and access to child care training enabling members of a child's family — and particularly members of a child's ethnic community — to work in the program and advance to positions of status and influence
- Listen to what families want for their children and help build the program accordingly

KEY TEACHING POINTS FOR FAMILY-SUPPORTIVE CHILD CARE TRAINING

Family support is a function of all providers who work with children and should be included in their training. Family support training is not just for specialized professionals who work only with families. To prepare child care providers to work with children and their families, training needs to emphasize the following five interrelated points. Although these points may already be incorporated into some existing training programs, they have not been reliably universalized so that all providers have encountered them in their training. The points include:

A basic shift in perspective: Child care programs that incorporate a family support approach need to be aware of the whole waking day of each child, not just the hours each spends on site. Training needs to clarify the distinction between viewing the family as part of the *program's* environment and viewing the program as part of the *family's* experience. The first, broader, perspective on the child's — and family's — world is the foundation of all family support: It dictates that the provider offer services that will enable families to balance the demands of work and family and help parents improve the quality of the child's home life. With this goal in mind, a program may, for example, provide flexible hours to match parents' work shifts or allow a child to stay home during "regular" child care hours when a parent is not working.

Supporting the "whole family": On a sociological level, families have the following functions:

- Childrearing, which depends on deep, permanent, and irrational bonds
- Providing or securing food, shelter, education, health, and emotional support
- Achieving economic self-support
- Negotiating with society on behalf of members
- Communicating values to family members

Family-centered child care aims to enable parents to perform these functions effectively, offering a range of services that acknowledge the varied roles parents have in children's lives. Child care training must make providers aware of the multi-tiered family

functions, because experience shows that supporting one function at the expense of others can undermine family development. In learning to address the issues of the "whole family" (not just the "whole child"), providers help family members achieve individual and group goals.

Building on past strengths of the child care field: More than a century of child care history reveals robust strands of family support, though some are deficit-oriented (Cahan, 1989). Family support is not new to the child care field, a fact that training needs to convey to providers in the field. Child care providers will learn the principles and retain the spirit of family support better if their training builds on the history and ideals of the child care field. For example, two milestones include the kindergarten movement and the Kaiser Child Service Centers. The kindergarten movement combined child development and family support through home visiting and also influenced day nurseries to be more family-friendly (day nursery was the name used in the nineteenth century for full-day child care centers that served the working poor and tended to focus on custodial care). The Kaiser Centers, established during World War II, developed a remarkable range of services for parents aimed at improving the quality of the time parents spend with their children. Overall, training should not view families as in need of treatment but instead show that positive family support is a necessary aspect of quality child care.

Collaboration within the community: Currently, a strong interest exists in interprofessional family support at the community level, with a focus on listening to families and helping them to meet their needs as they define them. Early care and education programs are a necessary part of this collaboration (Morgan, 1995). Models of collaboration may be based in schools, health clinics, and/or housing projects. Working with other entities to support families requires a shift in perspective: Providers must learn to examine what their program can do to support families *and* what families need from community agencies. Providers need to receive information on who the key players are in the community and learn some of the strategies and goals of collaboration (Morgan, 1995).

New concepts of professionalism: Nineteenth- and early twentieth-century concepts of professionalism, although now outmoded, still persist and serve to undermine and weaken commitment to family support (Morgan, 1995). Three of these ideas in particular have the potential to impede family support: the concept of the client relationship, in which the professional expert serves the client rather than establishing a partnership with the parent; the emphasis on the knowledge base as esoteric, theoretical, and above parents' heads; and the dictum to keep one's distance from the client and not become emotionally involved.

It is important for training to point out a possible negative outcome of traditional professionalism: the separation of caring from education (Noddings, 1992) and the emphasis on cognitive instruction. A study in California compared early childhood classrooms based in schools with classrooms in non-school settings and found that the former delivered a lower quality experience for children. A factor in the difference between the two settings was the pressure that early childhood providers working in schools felt to demonstrate that they were "real teachers" (Jones, 1994).

Fortunately, most early childhood texts and the research findings on which they are based describe the desired goal as a shared relationship of trust between the provider and parent, rather than trust in the so-called professional by the parent. In contrast to many other professions (including public school teaching), child care has consistently viewed itself as supplementing parental responsibility and decision making. Furthermore, early childhood providers do not present their knowledge as esoteric. One early childhood leader (Porter, 1981) states how the early care and education field rightly deviates from the traditional paradigm of professionalism:

> We want to share what we know... We want to make it easy to understand, and we want to demystify it without threatening its complexity... We have made substantial effort through parent education and family support networks to transmit the knowledge we have about facilitating development because we believe that such information should *not* be confidential.

STRUCTURE OF THE CHILD CARE SYSTEM AND ITS TRAINING REQUIREMENTS

A little less than half of working families use child care by kith and kin while they are at work, while the remainder of working families use care by someone they must find in the community, either in a center, in a family child care home, or in their own home by someone they employ (U.S. Census Bureau, 1991). When parents choose community-based care, just over half of them use full-day and part-day child care centers, with family child care accounting for a little less than half.

The list below shows the breakdown of auspices of centers serving children age five and under (Kisker, Hofferth, Phillips, and Farquhar, 1991; Willer, Kisker, Divine-Hawkins, Farquhar, and Glantz, 1991).

Auspices of Centers Serving Children Age Five and Under

29%	Independent for-profit
25%	Independent nonprofit
15%	Religious sponsor
9%	Head Start
8%	Public school
8%	Other sponsored nonprofit
6%	For-profit chain

Each of these centers falls into one of the three major child care delivery systems which organizes and funds early care and education programs:

- The purchase-of-service system (83%), in which families and third parties pay specified hourly or daily rates for center- or home-based child care
- Head Start (9%), a federally funded system managed through grantor/grantee relationships
- The public schools (8%), which are locally funded and publicly managed with support from other levels of government

Training requirements and the qualifications of providers in the three systems differ significantly:

Purchase-of-service system: Individual states regulate qualifications for working in private child care centers and family child care homes through licensing. Qualifications for providers are embedded in the licensing rules for facilities, a term which covers the building and space plan, as well as staffing and activities.

Although states vary greatly in their requirements for child care providers, most do not have preservice requirements for aides or assistants, thus giving community members easy entry into the child care field and enabling them to receive preservice training for more responsible roles while employed in a program. States' preservice qualifications for teachers range from having no requirement to requiring up to 24 credit hours in child development coursework. In creating roles for career progression, 12 states define a second, better-qualified level of teacher (i.e., lead teacher, head teacher, or group leader, depending on the state's chosen terminology), and in all of these states, every child care center must have at least one of these teachers as a role model. Although 30 states have child development training requirements for directors, only four ask them to prove administrative qualifications.

States commonly allow teachers to meet qualifications through several means, including a two- or four-year degree, the Child Development Association (CDA) credential, or a certain number of courses; each alternative requires a specified amount of practical experience. It is rare for programs to require state teaching certificates for those who work in private child care, or even allow them as an alternative way of qualifying for a child care position (Morgan et al., 1993).

In addition to preservice qualifications, 40 states require providers to attend a specified number of hours of training per year. These annual hours of training, which vary considerably but go as high as 39 hours per year in Wisconsin, represent a relatively new policy for states. Because child care is a labor-intensive service, states have found it difficult to increase providers' preservice requirements and easier to require annual hours of training.

In the states that require providers to take 20 or more hours of training per year, a market exists for training tailored to their specific time and subject needs. Today, directors provide most of the hours of ongoing training for teachers working in centers. Ongoing training requirements, however, afford the opportunity to design training earning credit that can be applied to college programs should providers wish to pursue degrees. Moreover, states could take advantage of the required hours of ongoing training to improve the preservice qualifications of providers striving for more demanding or advanced roles.

Head Start: In many states, Head Start centers must meet the same licensing rules that apply to private child care. Twenty-four states, however, do not license part-day programs (The Center for Career Development in Early Care and Education, 1995), and most do not license public schools. Thus a Head Start site may be exempt from licensing when it operates on a part-day basis or is located in a public school. Nevertheless, Head Start is governed by its own performance standards established by the federal agency managing the program.

Of particular note, Head Start initiated the development of the competency-based CDA credential. The CDA includes nine competency areas, one of which is working with parents. More recently, Head Start established the goal of having one CDA-qualified teacher in every classroom. The CDA is widely used outside Head Start and has been written into the licensing rules of most states as a way to qualify for a role in licensed programs.

Public schools: Most public schools are not required to meet any licensing rules for pre-kindergarten programs. Although procedural rules might inhibit autonomy, they are not quality standards per se. School-based programs do require teacher certification from a state's Department of Education, a condition for employment in most public schools and one that is assumed by many to be the appropriate credential for work in child care as well as for public school teaching. Yet, according to a 1991 national study of teacher certification, these certificates do not necessarily ensure that the teacher has taken the appropriate courses or has had the appropriate practicum experience to work effectively with pre-kindergarten children and their families (Morgan et al., 1993).

In 1991, almost one-third of the states did not have an early childhood teacher certificate covering children younger than kindergarten age. These states permitted certified teachers who had had no specific preparation for work with young children to teach and care for them. While about two-thirds of the states required those working with young children to have at least a bachelor's degree, only 21 states required practicum work with children younger than kindergarten age (Morgan et al., 1993).

Training requirements for other key roles in the child care system include the following:

- Providers with the ability to integrate special needs children into the classroom have been in greater demand since Congress passed the 1992 Americans with Disabilities Act, which mandated inclusion of infants and children with special needs in child care settings (and essentially reiterated a 1972 law that programs be available to children with special needs). This law places children with special needs in the purchase-of-service system and means that their parents have the right to buy child care from programs that serve other children in the community. Although the implementation of inclusion policies differs from one state to the next, since the trend is strongly in the direction of inclusion, all providers in the purchase-of-service system, as well as Head Start and the public schools, will need to be able to teach young children with special needs, particularly infants and toddlers. Inclusion strategies and techniques are a vital training topic for all providers.
- Home visitors in the early intervention system, which primarily serves special needs children and those considered at risk, provide family support by working directly with children and their families. Early intervention focuses on the needs of infants and requires home visitors to work closely with parents. Efforts are underway to develop and implement improved provider qualifications where major gaps in college training exist (Morgan et al., 1993).
- Child care resource and referral agencies (CCR&Rs) carry out another important role in the child care system; however, the qualifications of CCR&R directors, parent consultants who help families choose child care, provider recruiters who may visit family child care homes, and trainers of parents and both center and family child care providers are not regulated.

Although the purchase-of-service system, the public schools, and Head Start have their own training requirements and separate funding, providers in these distinct settings may come from similar educational backgrounds and participate in training programs together. Thus it makes sense to take a broad, all-encompassing view of child care settings and develop one coherent and unifying provider training system. Such a training system would enable individuals preparing to enter one setting to be qualified to move freely along the continuum of child care centers, Head Start sites, family child care homes, after-school care, early intervention programs, family support programs, and the public school system and thus continue to pursue career opportunities in the field. Establishing a training system that encourages teachers to stay in the child care field and that enables them to continue to learn and grow will strengthen the child care system's capacity to provide family-supportive services.

PRIMARY MEANS OF CHILD CARE TRAINING DELIVERY

Child care training is provided by either community agencies or colleges. Community agencies include CCR&Rs, various community training agencies, associations, cooperative extensions, and the U.S. Department of Agriculture's (USDA) Child Care Food Program. The USDA Food Program is an important source of funds for child care centers and family child care homes as it provides them with food, equipment, site monitoring, and training. This funding source pays for what is often the only training available to home-based caregivers and is a major source of budget support within the child care field. Family support agencies may provide some training, as well, along with national training groups such as the National Association for Family Child Care. Because CCR&Rs and colleges are the predominate child care training vehicles, however, they are discussed in detail below.

Child Care Resource and Referral Agencies (CCR&Rs)

In 1991, the Center for Career Development in Early Care and Education at Wheelock College conducted a survey of child care providers that painted a bleak picture of the overall training landscape: Training courses available to the child care field were limited in number, mostly entry-level, and repeated over and over

rather than building on each other and offering a progression to more advanced levels (Morgan et al., 1993). The most common means of training delivery was the workshop or conference, with content focused primarily on three-year-old to five-year-old children. "Make and take" workshops, in which trainees learn new activities to replicate at their sites as opposed to information about caring for children and families, were the norm.

The Wheelock study also confirmed that CCR&Rs are a key source of community-based training in most states. From a family's perspective, it is difficult to negotiate the fragmented child care system, which is even more complex for low-income families due to eligibility requirements and other rules. First established a quarter of a century ago, CCR&Rs maintain lists of local child care providers, help parents find and choose child care, offer training and assistance to providers, become involved in community planning, publish data, and help child care and business employers. Some also manage the voucher systems for subsidized care. A 1994 survey of CCR&Rs found that nearly 1.5 million families turned to CCR&Rs for referrals and information. CCR&Rs are found in every state; in 46 states, CCR&Rs cover the entire state or the state has a plan for such complete coverage (Adams, Foote, and Vinci, 1996). In addition, many CCR&Rs participate in a nationwide network.

CCR&Rs have become an integral part of the child care system. Moreover, of the various community agencies that provide training today, CCR&Rs, funded by philanthropy, child care employers, and government, provide the most training (this contrasts with the 1991 survey, which found that government committed only minimal dollars to training through CCR&Rs). CCR&Rs responding to the 1994 survey provided training to more than 339,000 child care providers that year. More specifically, 94 percent of those CCR&Rs offered consultation and technical assistance to child care providers (Adams et al., 1996); they gave 504,024 consultations to new and existing child care providers. Eighty-four percent offered entry-level training and coursework that met licensing requirements, while 64 percent helped providers advance through career levels via training and follow accreditation procedures. As a result of their efforts to recruit providers, they added 19,928 new providers to the supply of caregivers, helping them meet licensing requirements and offering technical assistance.

Sixty-six percent of the CCR&Rs reported involvement with higher education in creating, expanding, or improving college-credited training and helping providers get life experience credits (this, too, is in sharp contrast to the results of the 1991 survey, which revealed that few CCR&Rs had formed alliances with colleges to offer credit-bearing child care training). In addition, 96 percent of the responding CCR&Rs said that they had collaborated with other groups in the community to establish child care services; 61 percent said that they had taken leadership roles in child care planning.

This information about CCR&Rs provides some indication of the vital role that these agencies play in fostering quality child care programs and linking parents to appropriate programs. As a diverse system of small autonomous units, child care programs need a mechanism for matching supply and demand, a mediating structure through which programs can gain access to help and parents can receive guidance as they negotiate the system. Although the dramatic increase in the use and influence of CCR&Rs as revealed by the 1991 and 1994 surveys may have been due in part to the respondents' perspective (child care provider or CCR&R), it also reflects the indisputable effect of the funding that began to flow from the federal Child Care and Development Block Grant (CCDBG) program in 1994. Within a few years, states put significant funds from their new CCDBG block grants into training. CCR&Rs have greatly expanded the number of individuals that they train and have become involved in issues of college credit and career development. While there are other training agencies in the communities, the presence of a national networked system with a central community structure has enabled policy institutes and private businesses to reach the child care programs with their quality initiatives and government to reach providers with training.

Colleges

Historically, the child care field has emphasized higher education for formal training, although there are some high school-level vocational education programs, some of which articulate with technical colleges. (Under articulation agreements, institutions recognize and accept credits from other institutions so that students may eventually earn a degree or credential from one

institution, even if training takes place elsewhere). In general, however, states require college-level courses for provider certification. Thus, even though the child care field offers multiple entry points that allow individuals with varying qualifications to fill a range of roles, providers need college training to progress to the most responsible positions. For example, the critical role of director requires more college-level training than the lead teacher role.

It is important to note that, given the large number of people who are already employed and are simultaneously enrolled in college programs and are likely to take a longer period of time to complete their degrees, it is no longer appropriate to speak of two-year and four-year colleges. This paper refers to colleges as either community colleges or bachelor's degree-granting institutions. Colleges' prospective students include:

- Young adults who go directly from high school to college, earning a degree before beginning to work with young children
- Already-employed adults who currently work and are interested in the child care field but have not had prior formal preparation
- Adults who may have earned degrees in other fields but now wish to acquire knowledge and credentials in early care and education

Child Care-Related Degrees and Academic Departments

Debate has continued over the issue of the minimum standard for child care training. Conflict exists over jurisdiction by level of higher education (i.e., CDA vs. an associate's degree from a community college vs. a bachelor's degree), as well as by department (i.e., education vs. child development vs. early childhood education vs. home economics/family studies) (Almy, 1988, 1975; Caldwell, 1988; Bowman, 1986; Peters and Kostelnick, 1981; Joffe, 1977; Kurtz, 1975).

The nationally recognized CDA credential is widely accepted as an entry-level credential. And, increasingly, the CDA competencies are built in to associate's degree programs. Competency-based training associated with the CDA and community colleges has been commended as accessible and

having appropriate content, while bachelor's degree programs are promoted as containing necessary theory for achieving quality and producing leaders (Bowman, 1986).

A 1991 national study of colleges that identified themselves as offering early care and education professional preparation programs found that these programs were based in a variety of different departments in the colleges (Morgan et al., 1993). The survey received responses from 189 institutions offering an associate's degree and 231 colleges offering a bachelor's degree. Departments offering early care and education professional preparation programs included education, early childhood education, child development, child and family studies, home economics/family and consumer sciences, human development and social studies, health and human services, curriculum instruction, vocational education, and liberal arts/general studies (Costley, 1996).

Colleges offering associate's degrees, CDA training, and other certificate programs located their early care and education professional preparation programs in as many as 20 to 30 different departments. In contrast, almost 60 percent of early care and education professional preparation programs offered by colleges conferring bachelor's degrees were based in education departments, which also included elementary and sometimes secondary education preparation programs. These education departments are distinct from specialized early childhood education departments, which accounted for another 6 percent of early care and education professional preparation programs offered by bachelor's degree-granting colleges.

The fact that early care and education has many bases in the community college system but is dominated by education and teacher certification at the bachelor's level is one reason that it is difficult to form articulation agreements across these systems. Another difference between the two academic systems that hinders articulation is the fact that bachelor's degree-granting colleges are often private colleges, while colleges that offer associate's degrees are often public community colleges (Morgan et al., 1993). It is often easier for two public institutions to reach agreement, especially since a private college might be more likely than a public institution to question credits from other institutions.

Interprofessional Programs

Colleges have recently started to offer interprofessional programs that prepare people in the "helping" professions to work together with a focus on families. Although many of these emerging programs, such as that at Miami University in Ohio, are at the graduate-school level, they also appear at the bachelor's degree level (Wheelock College in Massachusetts and the University of Arizona) and at the community college level (Linn-Benton in Oregon). Interestingly, some of these programs emphasize a collaboration between education and social work departments but have not specifically included early care and education. It is important for the future of family support services, however, that both early childhood and health specializations be included in interprofessional efforts.

As college-based interprofessional programs begin to take shape, research on the nature of their content will be valuable to the child care field's efforts to integrate family support services. Little is known about the degree to which these programs prepare individuals to meet families' needs and provide developmentally appropriate care and education for each of the different age groups enrolled in child care (Costley, 1996).

Accessibility of Child Care Training

The 1991 study of institutions that label themselves as offering early care and education professional preparation programs found that the community colleges were more accessible to the already-employed population than the bachelor's degree institutions. Community colleges were more likely to offer courses at convenient times and in non-intimidating settings than bachelor's degree institutions. Part-time enrollment was possible at community colleges, and students could do their practicum work at their place of employment. The study identified a fundamental problem caused by the lack of linkage between these different levels of institutions: While it is not difficult for the already-employed individual to move from coursework required for licensing to certificate or associate's degree programs as their goals change, it is much more difficult for them to transfer previously earned credits to bachelor's degree programs.

Members of low-income communities are unlikely to earn a bachelor's or advanced degree or borrow large sums of money in order to attend college. Low-income students are more likely to enroll in a course or pursue a CDA as an initial goal. As they enter the field, their interests may be stimulated by the work itself and the training they receive; then they may consider more advanced study. Federal research shows that low-income students are less likely to drop out if given grant aid rather than loans (U.S. Department of Labor: Bureau of Labor Statistics, 1994). Members of minority groups attend college and earn degrees at a rate proportional to their numbers in the United States. Those minority students who, from the beginning of their academic careers, intend to obtain a bachelor's or more advanced degree have a variety of occupations to choose from, including some that are highly paid. As a result, they are often unlikely to enter a low-paying field such as child care. Minorities working in the child care field tend to come from two academic extremes: Many earn their degrees in other fields and then retrain for a child care focus, while others start out in a home setting or assisting role in a center and then seek further training.

CHANGE AGENTS: CAREER DEVELOPMENT PLANNING GROUPS

For child care programs to support families, they must send messages of hope to children and their families by letting them see members of their communities in positions of power and influence in the program. Programs must develop jobs that are accessible to parents and make training available to enable qualified individuals to move to positions of increasing responsibility; entry- and middle-level roles for community members must include opportunities to attain roles of higher status. Economic opportunity cannot be divorced from family support. If all the decision-making roles are held by those who possessed the resources to prepare themselves in college prior to employment, and all the low-status roles are held by members of the community, the program itself sends a powerful negative message to children and families regardless of how hard it tries to be family-supportive.

Career development planning groups can develop positions for community members as family support workers or direct service child care providers, to name two points of entry into the child care field for parents. Forty states responded to Wheelock College's Center for Career Development in Early Care and Education's 1996 survey of states' career development efforts. As of that date, career development planning groups were working to improve child care training systems in approximately 40 states. Thirty-one of the responding states reported that they had plans underway to establish statewide college articulation agreements; 17 of these states were in the process of implementing those agreements. Thirty-four states said that they had plans for defining core knowledge and competencies for early care and education providers; 22 of these states were already implementing these standards (Azer, Capraro, & Elliott, 1996). State and regional career development planning groups come together to network at national meetings, compare notes on the problems they are addressing, and share how-to information reflecting successful achievement of their objectives.

Because direct work with children and their families is important preparation for any of the helping professions, it makes sense to enable trained providers to follow career paths that move laterally across disciplines and settings. This means that while child care aides can one day become lead teachers or center directors, they are equally able to become public school teachers or aspire to roles in health and social work. Rather than viewing the helping professions as parallel fields, career development planning groups affirm the intersection of these paths. Ultimately, as they discuss the emerging training paradigms at the national level, career development planning groups can affect the future content of training and the design of child care roles. As a result, family support advocates trying to influence child care training need to understand the goals and strategies of these groups and work cooperatively with them.

Principles for Child Care Training

Career development groups are committed to improving the child care training system in their states. Although the following principles are not institutionalized in any state or at the national level, they characterize career development planning groups' efforts to change training delivery (Morgan et al., 1993):

- Training content should emphasize child development. Care cannot be separated from education, and child development cannot be separated from family development.
- Training of good quality and substantial duration should "count" toward a future career, either by carrying credit or by meeting standards that enable it to be transformed into credit.
- Entry-level roles (for aides and assistants) should be available without extensive prior preparation, but significant training should be required every year. Aides and assistants should receive "credit" for annual, ongoing training that counts as part of preservice preparation for more responsible roles, putting these providers on a track to become more competent and to move into roles requiring more extensive qualifications. Aides and assistants are not a permanent underclass in the child care field.
- Greater depth of training is needed to prepare individuals to work specifically with infants, school-age children, and children with special needs.
- Focused training is needed for those whose career paths lead them to become directors.
- Government funding of child care should set aside a percentage of the direct service costs for training.
- Training for child care, Head Start, and preschools should share a common infrastructure.
- Colleges should continue to offer specialized preservice academic preparation, but they should develop programs that are accessible to both the traditional student and the already-employed.

CHALLENGES TO INCORPORATING FAMILY SUPPORT INTO THE CHILD CARE SYSTEM

As the United States approaches the twenty-first century, there are many challenges to the child care system's potential to meet families' expanding needs. Following are some of the most obdurate challenges to realizing the vision of child care as a family support system:

- **The child care training system is fragmented.**
  Child care training programs would be stronger if a critical mass of participants aspired to college-based training. This might entail combining the training of home visitors regardless of the system in which they work; introducing the basics of child care, family support, and resource and referral in entry-level training rather than segmenting entry-level training; and making career paths within different child care settings more evident by designing training programs that apply to multiple roles or segments of the child care field.
- **The belief that a single teacher certification for work with children ages 0-8 is adequate for all roles in the early care and education field is erroneous.**
  Because training for teacher certification focuses on such a broad age span and teaching children to read and write, this assumption acts as a barrier to imparting family support content and may undercut emphasis on child development and relationships not viewed as central to classroom methods and management.
- **Funding cuts endanger both the CCR&R network and training funds earmarked for child care providers.**
  In a few short years, the low level of support for training has increased with new streams of training money through CCDBG; however, funding may decrease to a level lower than where it started. CCR&Rs and child care programs need to identify new funding streams and develop strategies to join them, thus making the most effective use of resources at state and community levels.

- **Low wages in the child care field impede the ability of staff members to extend themselves to support families.**
  In the ideal family support environment, providers adapt to the needs of families and give of themselves to enhance the quality of families' lives. Unfortunately, the reality of making ends meet means that providers often must hold an additional job — frequently in an unrelated occupation — in order to survive financially. They do not have the time or incentive to "be there" for families.
- **College and high school counseling does not present early care and education as a viable career.**
  Colleges seldom counsel students about the variety of early care and education roles open to them. Often, this occurs because colleges lack information about the structure of the child care system and its diverse career paths. It is also possible that advisors who believe that all child care roles are low-paying and entry-level positions might suggest that students pursue a teaching certificate and work in the public school system.

RECOMMENDED STRATEGIES FOR CHANGING THE CHILD CARE TRAINING SYSTEM

Without question, and despite the many challenges it faces, the current child care training system can be revamped to integrate family support into child care settings and prepare child care professionals for work with families. The following suggestions are concrete steps for promoting change:

Policy

- **Strengthen family-supportive language in the standards and licensing documents that have a direct relationship with training.**
  This includes documents that outline requirements for child care licensing; accreditation standards for centers, family child care homes, school-age care, and college training programs; teacher certification; and National Association for the Education of Young Children (NAEYC) descriptions of developmentally appropriate practices.

- **Join forces with state career development groups.**
  Make sure that these groups stress family support content in training as they work to improve the training systems in their state and incorporate a family support approach into the definitions of progressive child care roles and qualifications that they are formulating.

Funding and Resources

- **Find dollars and other resources to pay for a highly visible effort to train child care providers in family support.**
  This might be accomplished via a demonstration project that works with a select set of child care programs and collaboratively develops a training program. Planners might design such a program to include entry-level training provided by a CCR&R or other community agency that also earns credit from a college, a CDA certificate with a concentration on the family aspects of each competency, an associate's degree, and articulation to a bachelor's degree program. The most important aspects of the demonstration project would be to show how each level of training received can "count" in the next level and how it is feasible to create a common training infrastructure for providers regardless of which delivery system they plan to work in (purchase-of-service, Head Start, or the public schools).
- **Support the child care system with funds from health and mental health agencies and use the funds for "training interventions."**
  Health and mental health professionals can train providers and parents in prevention and referral for treatment.
- **Convince businesses of the importance of using their own business dollars to fund family-supportive training for the child care programs that serve their employees.**
  Businesses could offer monetary awards to child care programs for being family-friendly.

Training Structure

- **Consider supporting alternative certifications to the teacher certificate, available at both the two- and four-year levels.**
  Such alternatives could include certificates issued to those who work with infants and to those who work in ancillary family

outreach and support roles, and credentials issued to center directors. The child care field should support degree programs that allow students to learn about family support in detail, such as those conferred by departments of Child and Family Studies. It also would be beneficial to encourage education departments to develop joint programs with other departments that offer strength and depth in child care/family support teaching, as well as to promote the growth and expansion of interprofessional preparation programs.

- **Ensure that economic opportunity is available in the child care system for family members in low-income and minority communities through progressive role qualifications and accessible training.**
  Child care programs can help parents find employment in the child care system by making sure that interprofessional collaborative projects open positions to families in the community and offer them the training needed for advancement. Training programs and schools can develop policies that accredit the required hours of ongoing training and transfer those hours into articulated programs to meet preservice qualifications for more advanced roles.

Curriculum

- **Develop and publish the argument for a family focus in all college child development and child care coursework.**
  Research and theory support this infusion strategy; family support is a part of child care history and the culture of the field (Brazelton, 1995; Carnegie Task Force on Meeting the Needs of Young Children, 1994). The movement of child care into education departments has planted it amid other conventions, and the child care field may have lost touch with its history and culture. Reminding the child care field of its origins and telling its success stories can help reconnect family support and child care. It would also be worthwhile to convene the leaders of professional development programs across the "helping" disciplines to define and develop strategies for infusing knowledge and skills relating to family support into the curricula of all child- and family-related fields.

- **Build parent empowerment training and parenting education into the CCR&R network.**
  CCR&Rs are now a nationwide network with a hub role in the child care field. They can supply training to parents using child care centers and family child care homes — and even to parents who depend on relatives and other in-home child care arrangements. Local family support agencies, as well as family support advocates and researchers, also could work with CCR&Rs to design a family focus into all of the provider training CCR&Rs deliver, especially since CCR&Rs' objectives are compatible with family support principles (National Association of Child Care Resource and Referral Agencies, 1996). Ideas spread quickly in the CCR&R system, and it is feasible to expect the network to effect changes rapidly.

Ample opportunities exist for integrating the principles of family support across previously fragmented child care systems. It is possible to envision the day when working parents will choose child care programs not only for the quality of their caregiving and the practical community services to which they are linked, but for the program's family support approach that parents consider constructive and valuable for the whole family. The college and CCR&R systems, which combined form the infrastructure that delivers child care training, are natural allies of the family support movement. Thus it is fitting that these systems ultimately serve to impart family support principles and support providers as they implement them.

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